

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.	10 599446	FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	0					
2						
3						
4						
5						
6	1					
7		1				
8	1					
9						
10						
11						
12						
13						
14						
15	7					
16	7					
17	7					
18	7					
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48						
49						
50						
TOTAL IND.	3					
TOTAL DEP.	39	←	↓	↓	↓	↓
TOTAL CLAIMS	42	██████████	██████████	██████████	██████████	██████████

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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100						
TOTAL IND.						
TOTAL DEP.		←	↓	↓	↓	↓
TOTAL CLAIMS	██████████	██████████	██████████	██████████	██████████	██████████